



Health Plan Options at a Glance

Kaiser HMO

Anthem HMO & PPO

	HMO Option 1	HMO Option 2	PPO Option 3
	Kaiser HMO 80 250/35 Gold	Anthem HMO 35 Gold 7ZZG	Anthem PPO 30/500/20% Gold 805T
	Full Provider Network	Full Provider Network	Full Provider Network
Calendar Year Plan Deductible	\$250	None	\$500
Calendar Year Maximum Out of Pocket (M-OOP) / Including Deductible	\$7,800 co-pay limit per member / 2 max per family	\$6,750 co-pay limit per member / 2 max per family	\$7,900 co-pay limit per member / 2 max per family
Routine Office Visits	\$35 / (\$55 Specialists) Co-Pay	\$35 / (\$70 Specialists) Co-Pay	\$30 / (\$60 Specialists) Co-Pay Ded. Waived
Preventative Services (see full benefit summaries for list of preventative services)	No charge	No charge	No charge
Hospital In-Patient Charges	\$600 Co-Pay per day / 1st 5 days	\$750 Co-Pay per day / 1st 4 days	20% after deductible is met until co-insurance M-OOP limit.
Out-Patient Surgeries	\$335 Co-Pay after plan deductible	\$450/\$550 Co-Pay	20% after deductible is met until co-insurance M-OOP limit.
Most laboratory tests and X-Rays	\$35 Co-Pay	\$15 Co-Pay	20% after deductible is met until co-insurance M-OOP limit.
MRI, Most CT, and PET scans	\$250 Co-Pay after plan deductible	\$100/\$250 Co-Pay	20% after deductible is met until co-insurance M-OOP limit.
RX Prescription Drugs			
Rx Deductible	None	None	
Generic Rx	\$15 Co-Pay	\$10/\$20 Co-Pay	\$10/\$20 Co-Pay
Brand Name Rx	\$40 Co-Pay	\$50/\$60 Co-Pay	\$50/\$60 Co-Pay
Non-Formulary Rx	\$40 Co-Pay	\$90/\$100 Co-Pay	\$90/\$100 Co-Pay
Specialty Drugs	20% (\$250 Max co-pay)	30% (\$250 Max co-pay)	30% (\$250 Max co-pay)
	M-OOP Includes any deductible and/or co-pays	M-OOP Includes any deductible and/or co-pays	M-OOP Includes any deductible and/or co-pays

Important Notes:

The above amounts show what YOU pay for services when using an in-network provider. **The above are highlights and you should be sure to review the plan summaries from the carriers that are online in our Benefits Resource Center.**